

APPENDIX D
ACTIVE EMPLOYEE DENTAL PLAN

1. **Benefit Period:** January 1 through December 31
2. **Benefit percentages paid after any applicable Waiting Periods and/or Copayments:**

Diagnostic & Preventive (Coverage A)	100%
Basic (Coverage B) - includes posterior composites	80%
Major (Coverage C)	50%
Orthodontics (Coverage D)	50%
3. **Maximum Benefits:** \$2000 per person per benefit period excluding Orthodontics.
 - i. Orthodontic benefits have a separate lifetime maximum of \$1200 per person.
4. **Deductibles:** \$25 benefit period deductible per person per Calendar Year, applied to Major benefits only. Any expense incurred during the last 3 months of a calendar year which is applied against an individual's deductible will also reduce his/her deductible for the next year.
5. **Office Visit Copayments:** None
6. **Waiting Periods:**
 - Basic Benefits: No waiting period.
 - Major Benefits: No waiting period.
 - Orthodontic Benefits: No waiting period.
7. **Dependent Age Limits:**
 - Dependent Children are covered up to age 26.
8. **Double-Up Max:** Not applicable